



## 161<sup>st</sup> AIR REFUELING WING CHIEFS' COUNCIL SCHOLARSHIP

**\*THIS SCHOLARSHIP IS FOR STUDENTS CONTINUED PROFESSIONAL  
DEVELOPMENT THROUGH OFF-DUTY EDUCATION.**

CURRENT  
161<sup>ST</sup> AIR REFUELING WING  
JOINT FORCE HEADQUARTERS-ANG  
MEMBERS ARE ELIGIBLE

Applicants must be currently enrolled as a student.  
The 161<sup>ST</sup> ARW Chiefs' Council will provide a \$500 scholarship to the recipient.

**To apply, complete the application. MUST attach ONE of the following:**

- a. Complete secondary school record (for high school seniors and/or first year college/vocational students)
- b. Most recent transcript (for second year or later college/vocational students)
- c. Proof of enrollment (Acceptance letter/Course Schedule/Tuition Receipt, etc)

**\*Your application will not be considered without this information\***

**Application must be emailed/hand delivered by 11 Sep 2018**

**PLEASE TYPE IN THE EMAIL SUBJECT LINE**

**“CHIEFS’ COUNCIL SCHOLARSHIP APPLICATION”**

**EMAIL TO:**

[christopher.d.mock.mil@mail.mil](mailto:christopher.d.mock.mil@mail.mil)

[david.p.meehan.mil@mail.mil](mailto:david.p.meehan.mil@mail.mil)

or

deliver to

Chief Mock in the MXS MOF, Building #20,  
Comm: 602-302-9352, DSN: 853-9352

**\*APPLICATION\***

1. Name/Rank:

Address/City/State/Zip:

Duty Section/Work center:

Phone Number(s): Work:

Home:

2. Current Status (Check All that Apply)

\_\_\_\_\_ High School (enrolled in college)

\_\_\_\_\_ College Student \_\_\_\_\_ Year \_\_\_\_\_ Hours Per Semester/Qtr

\_\_\_\_\_ Working Full Time \_\_\_\_\_ Hours

\_\_\_\_\_ Working Part Time \_\_\_\_\_ Hours

\_\_\_\_\_ Unemployed

What college/school are you attending? \_\_\_\_\_  
(List college/school, city and state)

3. In narrative format, describe student activities, elected offices (any organization), honors, awards, military career/goals, civilian goals, and any other pertinent information, to include a description of your studies/objective. **(PLEASE DO NOT EXCEED ONE ATTACHED PAGE IN WORD FORMAT)**

I hereby declare/confirm that to the best of my knowledge and belief the above statements are complete and correct. I hereby give permission for release of all information according to the Privacy Act of 1974 (5USC/552a, and to the extent applicable, The Family Educational Rights and Privacy Act, 20USC/1232g).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature